FEC FORM

## STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

PURIVI I				15 ,	SMEECUSE 2nly AM 10: 4
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: over the I	lf typing, type ines.	12FE4M5	
NRSC					
					<u> </u>
ADDRESS (number and street)	425 2ND STREET NE				1   1   1   1
(Check if address is changed)	1,,,,,,,,	I <u>. I. I. I. I</u>	1 1		<u> </u>
is changeu)	WASHINGTON CITY A	<u> </u>		DC 20	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS				
(Check if address is changed)	jbanning@nrsc.org	<u> </u>	<u> </u>		<u> </u>
io changou,	Optional Second E-Mail Ad	ldress			
	kdavis@hdafec.com	<u> </u>			
	9 2015				
3. FEC IDENTIFICATION N		000027466			
4. IS THIS STATEMENT	_ NEW (N) OR	, Χ	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowl	edge and belief it	is true, correct a	nd complete.
امرور Type or Print Name of Treasur	er Jay Banning				
الحقال المجاورة المج	C).C.12	>		M M Date 11	D D / Y . Y . Y . Y . Y
NOTE: Submission of false, error	neous, or incomplete information	may subject to	he person signing BE REPORTED V	this Statement to th	ne penalties of 2 U.S.C. §4
Office Use Only		Fede Toll I	further Information of the Information of the Information Commiss Free 800-424-9530 t 202-694-1100		FEC FORM 1 (Revised 06/2012)

		·							
	TYPE OF COMMITTEE  Candidate Committee:								
(	(a)	This committee is a principal campaign committee. (Complete the candidate information be	ilow.)						
(	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name of Candidate								
	Candidate Party Affiliation	Office on Sought: House Senate Presider	State nt District						
(	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	э.						
	Name of Candidate								
-	Party Con	nmittee:							
	(d) ×	This committee is a NAT (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.						
ı	Political Action Committee (PAC):								
(	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization is a						
		Corporation Corporation w/o Capital Stock	Labor Organization						
		Membership Organization Trade Association	Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.							
(	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separat committee. (i.e., nonconnected committee)	te segregated fund or party						
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
J	oint Fund	raising Representative:							
	g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candid							
(r	1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political						
	Com	mittees Participating in Joint Fundraiser							
	1.								
	2.								
	3.								
	4.	reco to mulither C							

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
NRSC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor
HOEVEN VICTORY COMMITTEE	
228 SOUTH WASHINGTON STREET	
Mailing Address STE. 115	
ALEXANDRIA	VA 22314
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising F	Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position books and records.</li> </ol>	n of the person in possession of committee
JAY C. BANNING	
Full Name	<del></del>
Mailing Address	<u> </u>
WASHINGTON	DC   20002
Title or Position CITY S	STATE ZIP CODE
ASSISTANT TREASURER  LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	per 202 - 675 - 6000
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the cany designated agent (e.g., assistant treasurer).</li> </ol>	committee; and the name and address of
Full Name KEITH A. DAVIS of Treasurer	<u> </u>
Mailing Address 425 2ND STREET NE	
+	
WASHINGTON	DC 20002
CITY S	TATE ZIP CODE
TREASURER TREASURER Telephone number	er 202 - 675 - 6000

Full Name of Designated J/Agent	AY C. BANNING			
Mailing Address	425 2ND S	STREET NE		<u></u>
	WASHING	CITY	DC STATE	20002
Title or Position ASSISTANT TREAS	SURER	_1.1 1 1 1 1 1	STATE  Telephone number	ZIP CODE
			_	
Banks or Other De	positories: List all ba	anks or other depositories in t	which the committee deposit	s funds, holds accounts, rent
safety deposit boxes Name of Bank, Dep				
ιB	B&T			
Moiling Address	1717 KING	STREET		
Mailing Address	l			
	ALEXAND	RIA	VA .	22314
	<u> </u>	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		<u> </u>	
I				1 1 1 1 1 1 1 1 1 1
Mailing Address	<u> </u>			
				1 1 1 1 1 1-1 1 1
		CITY	STATE	ZIP CODE

## **Hand Delivered**

DANA K, MACCALLUM SUPERINTENDENT ATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-711 PHONE (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

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SEN PATCH



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